

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2018-19
012 - Calgary-Fort - Ceci, Joe
For Expenses Processed July 1 - Sep 30 2018

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$			
MLA Parking Cap - \$	\$900.00	\$10.95	\$56.28
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$22.71	\$22.71
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$			
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$4,500.00	\$9,000.00
Travel Accommodations Allowance			
Travel Accommodations Allowance (days; 10 max) - NF	10.0		
Other			
Hosting - \$			
Event Tickets Disclosable - \$			
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel MLA (KM) - NF	35,000.0		
Constituency Travel Staff (KM) - NF			
Total Constituency Travel (KM) - NF	35,000.00		
Special Trips (5 trips per year) - NF	5.0		
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF			
Use of a Private Automobile (52 trips per year) - NF	52.0		
Other Travel			
Vehicle Rental (5 Days maximum anywhere in Alberta) - NF	5.0		

\$ - Reported on CAD dollar amount of actual expense

NF - Reported based on number of trips, number of kilometres, or number of days

Budget reported is the maximum annual amount that may be claimed

GST is not included in the \$ amounts as the Legislative Assembly is GST/HST - exempt

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Joe Ceci

Claimant Name: Joe Ceci

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose: \$3.57 + GST

www.parkplus.ca

Plate: [REDACTED]
Zone: **3145**

Valid through:

MONDAY
30 JUL 18
1:18 PM

Pay for your parking online: www.parkplus.ca

START TIME: 7/30/2018 12:03 PM
AMOUNT PAID: \$3.75 (GST Incl.)
Auth No: [REDACTED]
Trn No: d920c8a9e6cc4753
Terminal: 1322
Receipt No: 7088

CALGARY PARKING AUTHORITY (403) 537-7000

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LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Joe Ceci

Claimant Name: Joe Ceci

Expense Category: Member Parking

For hosting, select one:


☐ Individual Constituent(s)

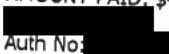
☐ Individual Stakeholder(s)


☐ Group: _____

Purpose: \$4.52 + GST

Pay for your parking online: www.parkplus.ca

Plate: 
Zone: **3417**
Valid through:
FRIDAY
17 AUG 18
3:02 PM

START TIME: 8/17/2018 1:27 PM
AMOUNT PAID: \$4.75 (GST Incl.)
Auth No: 
Trn No: ecf58402247a0171
Terminal: 1363
Receipt No: 3179



Calgary Parking Authority (403) 537-7000

CALGARY PARKING AU

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Joe Ceci

Claimant Name: Joe Ceci

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose: \$2.86 + GST

ARY PARKING AUTHORITY (403) 537-7000

CALC

Terminal: 545

Zone: 4445

Plate: [REDACTED]

Valid through:

FRIDAY 17 AUG 18
4:39 PM

AMOUNT PAID: \$3.00 (GST incl.)

Auth No: [REDACTED]

pay for your parking online www.parkplus.ca Receipt No: 919

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: JOE CECI
Claimant Name: JOE CECI
Expense Category: Taxi - Transportation

For hosting, select one:

- ☒ Individual Constituent(s) - SELF
☐ Individual Stakeholder(s) \$11.90 + GST
☐ Group: _____

Purpose: Stampede Events July 8, 2018

Taxi from home to 2 events *

(1) Equal Voice* - Promoting Women

and
(2) United Way* - Saddle-Up &
walked to Mac Dougall Centre **

and
Taxi home from downtown Calgary

2 x taxi claims

310 MERTLE RD QUARTER
CALGARY, AB T2A 1A2

TERMINAL ID: 314 651 437
MERCHANT ID: 432765M1
MID: 1564
DRIVER ID: 4835
GST ACCOUNT ID: 860029933
TRIP NUMBER: 16609501
PASSENGERS: 1

07/08/2018
START: 19:39 END: 19:47
DISTANCE: 49.00 MILES: 1

FARE AMOUNT: \$ 3.20

TAX AMOUNT: \$ 0.40
TIP AMOUNT: \$ 2.40

TOTAL: \$ 12.40

VISA SIGNATURE: [REDACTED]

APPROVAL NUMBER: [REDACTED]

PASSENGER COPY

1-800-468-7000
1-800-468-7009
1881 THE CHECKER GROUP, CANADA



LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: JOE CECI
Claimant Name: JOE CECI
Expense Category: Taxi - Transportation

For hosting, select one:

- ☒ Individual Constituent(s) - SELF
☐ Individual Stakeholder(s)
☐ Group: _____ \$10.81 + GST

Purpose: Stampede Events July 8, 2018

Taxi from home to 2 events *
(1) Equal Voice* - Promoting Women

and
(2) United Way* - Saddle-Up ft
walked to Mac Dougall Centre **
and

Taxi home from downtown Calgary

2 x taxi claims

Stampede Events
July 8, 2018

STAMPED	10.81
GST (13%)	1.41
TOTAL	12.22

STAMPED	10.81
GST (13%)	1.41
TOTAL	12.22

TOTAL	24.44

Stampede Events
July 8, 2018

PASSENGER COPY

Stampede Events
July 8, 2018
http://www.stampede.com

CHECKER
YELLOW
CAB



Members' Temporary Accommodation Allowance Claim Form

Note to MLAs: Forms accessed online can be used to claim either the temporary residence accommodations allowance under sections 5 and 6 and meal expenses under section 7 of the *Members' Allowance Order*. Only claims supported by the required documentation will be processed. For the text of sections 5, 6, 7, and 8 of the *Members' Allowance Order*, see reverse. For information on form completion, go to OurHouse – Forms – Expense Claim Forms. Effective date: April 1, 2016

Member Name: Ceci, Joe

Constituency: Calgary-Fort

Employee #: [REDACTED]

Date: 4/30/2018

Claim Type: Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Maximum of \$23,160 per fiscal year.

Fiscal Year: 2018-2019

Have you provided documents evidencing your Temporary Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attach.

☒ Yes

☐ No

Monthly Amount (maximum \$1,930 or less)

\$ 1,500.00

x 12 = \$ 18,000.00

Please Note: The Member is responsible for retaining all records which support the annual amount identified above.

Claim Payment Authorization (please check)

☒ 12 Monthly Payments

I authorize 12 monthly payments in the amount specified above for the entire fiscal year. This monthly amount is static for the entire fiscal year.

Please Note: The Member must advise the Clerk in writing of any changes to their permanent or temporary residence at the time it occurs.

July 2018

I certify that I have met the eligibility criteria (see back of form) for the Temporary Residence Accommodation Allowance and am authorizing that the amount specified above be paid each month during the fiscal period noted above. I acknowledge and agree to immediately notify the Clerk, in writing, if there are any changes to either my Permanent or Temporary Residence that may affect my eligibility to claim this allowance. Furthermore, I agree to immediately reimburse any accommodation allowance payments made to me during a period within which I was ineligible to receive these payments.


Member Signature

Updated March 2018



Members' Temporary Accommodation Allowance Claim Form

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Constituency: Calgary-Fort

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Date: 4/30/2018

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August 2018

I certify that I have met the eligibility criteria (see back of form) for the Temporary Residence Accommodation Allowance and am authorizing that the amount specified above be paid each month during the fiscal period noted above. I acknowledge and agree to immediately notify the Clerk, in writing, if there are any changes to either my Permanent or Temporary Residence that may affect my eligibility to claim this allowance. Furthermore, I agree to immediately reimburse any accommodation allowance payments made to me during a period within which I was ineligible to receive these payments.


Member Signature

Updated March 2018



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Constituency: Calgary-Fort

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Fiscal Year: 2018-2019

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x 12 = \$ 18,000.00

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I authorize 12 monthly payments in the amount specified above for the entire fiscal year. This monthly amount is static for the entire fiscal year.

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September 2018

I certify that I have met the eligibility criteria (see back of form) for the Temporary Residence Accommodation Allowance and am authorizing that the amount specified above be paid each month during the fiscal period noted above. I acknowledge and agree to immediately notify the Clerk, in writing, if there are any changes to either my Permanent or Temporary Residence that may affect my eligibility to claim this allowance. Furthermore, I agree to immediately reimburse any accommodation allowance payments made to me during a period within which I was ineligible to receive these payments.


Member Signature

Updated March 2018